



Express Mail Label No.: EV458032467US

7-13-04

3626  
41  
85ER-00155  
PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Benson et al.

Serial No.: 09/645,928

Filed: August 25, 2000

For: INSURANCE POLICY  
RENEWAL METHOD AND  
SYSTEM

: Art Unit: 3626

: Examiner: Robert W. Morgan

**AMENDMENT**

Hon. Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In response to the Office Action dated April 13, 2004, please amend the above-identified patent application as follows:

**RECEIVED**

JUL 19 2004

**GROUP 3600**



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PATENT

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GROUP 3600

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL**

1. Transmitted herewith is:  
Transmittal (3 pgs., in duplicate); Amendment in Response to Office Action dated April 13, 2004 (36 pgs.); Return post card

**STATUS**

2. Applicant

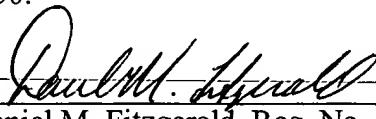
claims small entity status.  
 is other than a small entity.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS**

Express Mail Label No.: EV458032467US

Date: July 12, 2004

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
\_\_\_\_\_  
Daniel M. Fitzgerald, Reg. No. 38,880

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)  
(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 420.00	\$ 210.00
<input type="checkbox"/> third month	\$ 950.00	\$ 475.00
<input type="checkbox"/> fourth month	\$1,480.00	\$ 740.00
<input type="checkbox"/> fifth month	\$2,010.00	\$1,005.00
	Fee Due	\$ _____

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_.

**OR**

(b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL. RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$9 = \$		x \$18 = \$
		MINUS		=	x \$43 = \$		x \$86 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$145 = \$		+ \$290 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a)  No additional fee for Claims is required

**OR**

(b)  Total additional fee for claims required \$

**FEE PAYMENT**

5. \_\_\_\_\_ Attached is a check in the sum of \$\_\_\_\_\_

Charge Deposit Account No. 01-2384 the sum of \$.  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7.  Other:

  
\_\_\_\_\_  
Daniel M. Fitzgerald  
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St. Louis, MO 63102  
314/621-5070